

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/574732

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	0					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	7					
21		/				
22	2					
23	0					
24	0					
25	0					
26	0					
27	0					
28	0					
29	0					
30	0					
31	0					
32	0					
33	0					
34	0					
35	0					
36	0					
37	/					
38		/				
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	3	↓	1	↓		↓
TOTAL DEP.	35	←	12	←		←
TOTAL CLAIMS	38	[REDACTED]	13	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59					/	
60					/	
61					/	
62					/	
63					/	
64					/	
65					/	
66					/	
67					/	
68					/	
69					/	
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71					/	
72					/	
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					/	
TOTAL DEP.					/	
TOTAL CLAIMS					/	